

# Mr & Mrs K Taylor

# Collyhurst

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection at Collyhurst Care Home on 17 February 2016.

Collyhurst Care Home provides accommodation for up to 34 people who require personal care. The home has three floors with 29 bedrooms and a bungalow in the grounds with five further bedrooms. There is access to a well maintained garden area. At the time of our inspection there were 28 people living at the home, one person had been admitted to an acute hospital and five rooms were vacant.

Collyhurst Care Home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everyone we spoke with told us they felt safe living at Collyhurst. Staff we spoke with were able to confidently describe a good understanding of the types of abuse that may occur and knew how to report this should they need to. We looked at the care records of five people who lived at the home. There were personalised assessments for identified risks for each person. However, the care records were difficult to navigate as they were bulky and contained a lot of information which could have been archived, as no longer up to date or relevant.

There were processes to manage risk in connection with the operation of the home, but the records were not consistently completed, to demonstrate action was taken. For example, the cleaning schedules for the home were not completed consistently.

There were enough qualified, skilled and experienced staff to meet peoples' needs. Recruitment and selection processes ensured staff were suitable to work with people who lived at the home.

Medicine records showed that people received their medicines as prescribed, however there was no policy to guide staff on the administration of medicines which were given 'as required'.

Staff did not centrally report incidents or accidents so this meant records could not be audited to analyse the data to identify any trends or patterns. Incidents and accidents were recorded in the individual care records only. There was clutter and items which did not belong in corridors which presented a tripping hazard and the chairs in the lounge were worn, stained and had malodour.

Not all of the staff had received training on the Mental Capacity Act 2005 (MCA), however they were aware of the Deprivation of Liberty Safeguards (DoLS) and demonstrated an understanding of the requirements of the MCA.

There was plenty of choice of food and people could have drinks and snacks whenever they wanted them.

People were offered drinks and snacks throughout the day. However, feedback was not recorded from people about the quality and quantity of food offered.

The staff were very caring and ensured people's privacy and dignity was protected. They knew the people they were caring for well. This included knowledge of people's likes and dislikes, how they could communicate, their backgrounds and the relationships that were important to them.

Activities for people were limited to the availability of the activity co-ordinator, however peoples' needs were assessed and care and support was planned and delivered in line with their individual care plans. People told us they were supported to access healthcare services.

All of the staff we spoke with said that staff morale was very good and that the registered manager was approachable and responsive to suggestions made to improve the quality of service. Some systems and processes were not established or operated effectively to ensure that audits assessed, monitored and improved the quality and safety of the services.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe living in the home and staff knew how to recognise signs of potential abuse and how to report any concerns. Staff had time to meet peoples' care and support needs and delivered these on a personalised basis. People received their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to meet peoples' individual needs and promote their health and wellbeing. Health care needs were assessed and monitored and staff liaised with health care professionals so peoples' health was assessed and treatment arranged where needed.

### Is the service caring?

Good ●

The service was caring.

Staff had a strong commitment to providing person centred care and support and this was understood by staff and demonstrated in their practice. People were treated with respect and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs and preferences. People and their relatives knew how to raise concerns and were confident the provider would deal with these effectively. However, activities for people were limited to the availability of the activity co-ordinator.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Staff told us they were supported by the registered manager and that staff morale was very good. However records to

demonstrate how staff were supervised and their performance monitored, were not consistently maintained. Systems and processes were not in place or operated effectively to demonstrate how the provider reassured themselves about the quality and safety of the services provided. Staff did not centrally report incidents or accidents so the data could not be audited.

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# Collyhurst

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 February 2016 and was unannounced. The inspection team was made up of one inspector.

Before we visited the home we checked the information that we held about it. We reviewed the home's statement of purpose. The statement of purpose is an important part of a provider's registration with CQC which sets out what services are offered, the quality of care that can be expected and how the services are to be delivered.

We looked at the notifications that the home had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with seven people and six relatives of people who lived at the home. We also spoke with eight staff members in addition to the registered manager and the deputy manager. We spoke with one external health care professional. We looked at a range of records about peoples' care including five care files and other records such as medicine records and fluid charts. This was to assess whether the care people needed was being provided. We reviewed records of the checks the registered manager and the provider made to assure themselves people received a quality service. We also looked at personnel files for four members of staff to check that safe recruitment procedures were in operation and that staff received appropriate support to continue their professional development.

## Is the service safe?

### Our findings

Everyone we spoke with told us they felt safe at Collyhurst. One person told us they felt safe because, "There are staff around all of the time." Another person told us, "It is very safe here and I do not worry about safety at all." One relative told us, "It is completely safe here, I do not worry about my relative's safety."

Staff were knowledgeable with regards to reporting abuse and how they would notice signs and symptoms of abuse. One staff member told us, "I would not hesitate to report any concerns I had about my 'residents' welfare." All staff were trained in safeguarding and received regular updates to refresh their knowledge and skills. This showed the provider was protecting people from the risk of abuse because staff were trained and knew what to do and could follow up any issues. The provider had up to date policies designed to protect people from abuse which included safeguarding (SoVA) and whistleblowing.

Risks to people's health and wellbeing had been assessed and documentation identified the best way staff should manage these. One staff member told us about a person living at the home who was at risk of falls. The staff member told us, "We arranged a pendant alarm for this 'resident' and through gentle encouragement they now use it to summon help if they are feeling at all unsteady." The person was wearing the pendant during our visit. Staff told us where they identified particular risks, they safely managed these by putting in place relevant measures. For example, a staff member told us about one person who was assessed as being at risk of harm because they liked to explore all areas of the home, including staff only areas such as the main kitchen. The staff member said more frequent checks were made on the person's whereabouts throughout the day. People were safe to move around the home as they chose and were unrestricted however remained safe.

Where accidents and incidents took place they were logged in people's individual care records. Staff told us that incidents or accidents were discussed at staff handover meetings so staff could discuss how the incident had happened and plan action to reduce the risk of it happening again. For example staff told us that following one person having a fall, they had been referred to external health professionals in the falls team for an assessment.

People spoken with, on the whole, felt there were enough staff in the home to keep them safe. We observed that staff were busy and there were times when people were sitting in the lounge area with no staff present. However, we also saw staff regularly entered the lounge and responded to peoples' needs. All staff we spoke with said there were enough staff to provide care and support to a good standard. Staff rotas showed there was the agreed level of staffing and the registered manager confirmed there were no staff vacancies.

Recruitment processes helped minimise the risks of employing unsuitable staff. We spoke with staff who confirmed that reference checks and checks with the Disclosure and Barring Service (which provides information about peoples' criminal records) had been undertaken before they had started work. We looked at four staff files and found checks had been undertaken before staff began work at the home.

Systems were in place to make sure people received their medicines safely. Medicine administration record

(MAR) sheets confirmed each medicine had been given and signed for at the correct time. In addition staff carried out a daily medicine check for each person to make sure they had received their medicines as prescribed. We looked at five MAR sheets and found there were no gaps in recording. Staff had received the correct level of training to be able to assist people with their medicines safely and all staff undertook a competency based assessment before administering medicine. Medicines that were identified as needing stricter control were accurately checked, recorded, dispensed and stored. However, there was no policy or procedure to guide staff when to give people their medicines that were prescribed on an as required basis. A lack of guidance could lead to inconsistency in the administration of these medicines.

Safety checks required to keep the premises safe had been completed, such as the gas, electricity and fire alarm checks. There were also personal emergency evacuation plans for each person which detailed the support they would require if they needed to be evacuated from the building. Staff were familiar with the plans so they could assist people to leave the building safely and quickly in an emergency.

There had been a flood in the basement area of the building prior to Christmas and a refurbishment of this area was nearing completion at the time of our visit. This meant however that furniture and other items which had been moved to enable the works were temporarily placed in corridors which could have presented a trip hazard for people, visitors and staff. When we walked around Collyhurst we found other health and safety risks on the additional two floors of the building with more miscellaneous items in corridors, offices and communal areas. There was malodour in the lounge area on the middle floor where most people congregated during the morning of our visit. The chairs and carpet in this room were heavily stained and worn which appeared to be the cause of the odour. We brought these items to the registered manager's attention. They acknowledged our concerns and undertook to take immediate action to clear any items not required or inappropriately stored in addition to bringing forward the timescale for replacing the lounge carpet and chairs.

## Is the service effective?

### Our findings

People told us the staff were skilled in meeting their needs. One person said, "The staff here are superb and I can tell how well trained they are." Another person said, "The staff are very good at their job, we are very well looked after." One relative we spoke with said, "I am very satisfied with the level of skill shown by the carers here. I can see they receive a good amount of training and put this into action."

New staff members received a detailed induction and a handbook which set out the provider's vision and values as well as key policies and procedures. We spoke with a new staff member who was working alongside an experienced worker. They said, "I have been made to feel so welcomed and I have started my induction which has been great so far." The provider used the new national care certificate which sets out common induction standards for social care staff.

Staff demonstrated a good understanding of each person's individual needs and were confident they had the knowledge and skills to meet those needs. Staff told us they were provided with training which enabled them to confidently carry out their role and responsibilities. We saw that staff training had been effective. For instance we saw that all staff were confident and skilled in safe moving and handling. All staff had received training in the use of hoists and rotunda transfer platforms. Staff told us that the training had enabled them to provide the most appropriate and comfortable mobility for people which in turn promoted their independence.

All staff we spoke with said they were encouraged and supported by the provider to undergo additional training relevant to their role in addition to mandatory training such as training in needs for people living with dementia. Mandatory training is a must do training which includes health and safety topics as well as how to deliver safe and effective care. The provider maintained a record of training and all staff had completed, or were studying for nationally recognised qualifications. For example one staff member said, "I have completed NVQ 2 and 3 and my training needs are very well supported."

Without exception staff said they were, "Very well supported" in their work. All staff told us they were provided with regular meetings with a senior worker, the registered manager or the deputy manager.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Not all staff had received training on the MCA and DoLS. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Despite not all staff having been trained, all staff we spoke with did understand when a DoLS application should be made and were able to describe the process to submit one. At the time of our visit, the provider had made one application for a DoLS authorisation for a person living in

Collyhurst to ensure that their rights were protected and they could continue to receive the care and support they needed. All the other people who lived at the home had the mental capacity to consent to specific decisions relating to their care.

Throughout our visit staff demonstrated they understood the importance of establishing consent from people before providing care and support. One staff member told us, "It doesn't matter how small the decision but everyone should be asked what they want to wear, eat and also when they want to get up, go to bed or how they would like to spend their time." Another staff member said, "Our 'residents' have lived independent lives and we encourage this here. Just because someone needs support doesn't mean they have to become completely dependent on staff and certainly not for decision making."

With one exception people told us they enjoyed the food and drink provided at Collyhurst. One person told us, "The food here is good and I especially love the puddings." Another person said, "There is plenty of choice and we can always ask for something else if we change our mind." We observed people eating lunch and snacks and saw that people were served food and drink of good quality. A range of hot and cold options were available at tea time which one person complained about. They said, "We are only offered sandwiches or something hot on toast which I think is quite limiting." The atmosphere in the dining room was calm and where people required support eating their meal staff assisted promptly and respectfully. We looked at peoples' nutritional needs assessments which included, for example information on whether someone's diet needed to be pureed to reduce the risk of choking or whether the person required a diet for diabetes.

People told us they had access to local health and social care staff. One person said, "I can ask to see my GP whenever I want to." Staff made sure people had the support of local health and social care services whenever necessary. From talking with people and looking at their care plans, we could see that peoples' healthcare needs had been assessed and monitored. There was input from a range of professionals which included general practitioners, district nurses, social workers, a chiropodist, optician, dietician and a speech and language therapist. We noted the advice and information provided by health and social care professionals was incorporated into people's care plans and risk management plans.

## Is the service caring?

### Our findings

People told us that staff were caring. One person said, "The staff are so friendly and very kind." Another person told us, "I love the staff here, they genuinely care for us." All of the relatives we spoke with commended the staff and were highly complementary. One relative said, "The staff are so accommodating, nothing is too much trouble. The staff are exceedingly kind and not just to 'residents' but to relatives too." Another relative told us that the registered manager had enabled their 'relative' to return from hospital to Collyhurst as they were nearing the end of their life and had not wanted to be in hospital. The relative said, "I was supported by the manager and they could not have been more accommodating. The staff are so kind and compassionate towards my 'relative' and to me too, particularly at this very difficult time."

The atmosphere at Collyhurst was calm and relaxed and we saw that staff supported people in a caring way. Staff were responsive, professional and respectful towards people. There were a number of occasions when staff discreetly intervened to alleviate people's agitation or to enquire about their welfare. We saw spontaneous engagement between staff and people. For example staff would sit in the lounge chairs next to people and start conversations or offer the person a warm drink. Staff made eye contact with people and knelt down next to them rather than standing over people when talking to them. Staff were aware of peoples' needs and their preferences and spoke to people calmly and with kindness. Staff repeatedly asked people how they wanted to be supported.

Staff told us how, "happy" they were to be working at Collyhurst and we saw that staff were very pleased to be working with people at this care home. One staff member told us, "I love working here, we are all one big family and our 'residents' are our priority." Another staff member said, "There is nothing we wouldn't do for our 'residents'. All of the staff have to be 100% signed up to this family or I'm afraid this is not the right place for them. The relationships we have with our 'residents' is as strong as in any family, that's what I'm most proud of." Staff demonstrated values of compassion and said they provided care based on people's needs and treated people in the same way they would treat a member of their own family.

Staff were trained in person centred care which emphasises how peoples' individual preferences and needs should be met. These preferences were also included in each person's care records, which demonstrated people were treated as individuals and there was choice in how they spent their time. For example some people had always had pets and staff had found some animal replicas, pictures, photographs or furry animals for people to keep in their bedrooms. One person told us, "Say hello to my furry friend who keeps me company and gives me love and affection."

People's privacy was promoted by staff. We saw staff knocking and waiting before entering bedrooms. Each person had their own bedroom, which they could access at any time and spend time in private should they wish to do so. A number of people told us they preferred to spend time in their bedroom than in the communal lounge area.

## Is the service responsive?

### Our findings

People and their relatives told us that care and support was arranged to meet peoples' needs and was provided in the way people preferred. For example one person told us, "I prefer to spend time in my room and staff look in regularly to check if I need anything or for a chat. My room is next to the road and I like to look out of the window and people watch." A relative told us about how quickly their relative had returned to Collyhurst after a period of stay in a general hospital. They told us, "The staff here knew my 'relative' wanted to return as quickly as possible and they responded swiftly and without any delay. I cannot tell you how accommodating they have been and so responsive. They have also supported me and care for my welfare too."

Care records showed peoples' needs were assessed prior to moving into Collyhurst and this enabled the registered manager to ascertain whether the person's needs could be met at the home. The staff carried out detailed assessments of each person's needs and developed care plans based on the assessments. People and their relatives told us they had been involved in the assessment and care planning process. One person told us, "I went through my life history with the deputy manager and we thought about the help I needed and what this might look like." A relative said, "The staff communicate with me well and are always asking information about my 'relative' which will help them in providing the right sort of support and care." Care records were bulky and quite difficult to navigate easily, however the care plans were comprehensive and clearly explained how people should be supported. For example, each person had a detailed care plan to ensure they were assisted safely to move around the home and where people needed assistance, this was clearly described, including any equipment required such as a hoist. A personalised description of peoples' personal care needs was available which included details about how people preferred to be assisted, for example with washing, dressing and other personal care needs. The care plans were personalised to show what support each person needed and had requested. We saw in peoples' care records that information was available about their hobbies and interests, their personal care routines, their likes, dislikes and preferences. Staff were familiar with this information and were able to confidently give examples of when they had used this information to support and care for people. For example one staff member said, "My 'resident' absolutely adores chocolate and we make sure they have plenty of stock available." Another staff member said, "One 'resident' dislikes fish so we know to always offer an alternative."

Staff maintained daily records and charts where needed, to monitor specific needs such as food and drink intake, personal care delivery and regular re-positioning for those at risk of developing pressure sores. The care needs were reviewed and updated regularly to ensure they reflected up-to-date needs. Relatives we spoke with said they were consulted and involved in reviewing their relative's care and support needs.

In the care records there were details of peoples' life stories and their family backgrounds. Their interests and hobbies were listed as well as their work histories and likes, dislikes and preferences. Staff had a good understanding of what people liked to do and activities they like to take part in such as music sessions, quizzes and bingo. On the day of our visit the activity co-ordinator was on a day's leave and we did not see any activity offered or undertaken with people. People were watching television in the lounge area, but were not engaged in any other activities which could have left them unstimulated or isolated.

We were invited into a number of bedrooms and found a lot of personalisation such as people's own choice of furniture, pictures, personal effects and photographs. People told us they were encouraged to personalise their bedrooms as this was their home. One person said, "Oh yes I can have whatever I want in my room. I have photographs framed of all my family. I love my room, it's very comfortable and homely." Several people told us that when the weather was better they made good use of the garden area and helped with planting and general maintenance of the area.

People and their relatives said they knew how to raise any concerns they had and they were familiar with the complaints procedure. Everyone we spoke with said the registered manager and deputy manager were always available if needed if they were not satisfied with any aspect of the service. At the time of our visit there were no complaints being investigated or any complaints made in the preceding year.

## Is the service well-led?

### Our findings

Throughout our visit we saw there was an open and welcoming atmosphere at Collyhurst. People told us how homely Collyhurst was and that the registered manager and their deputy were highly motivated to provide a good service to people. One person told us, "There is such a comfortable and homely atmosphere here, I do not feel as if I am in a care home, I feel this is my home." Another person told us, "I love it here, there is nothing the manager wouldn't do for us." A relative told us, "This is such a welcoming home, it feels like such a homely place, the 'residents' are the staffs' priority."

The provider had a system of audits in place to monitor various aspects of the quality of care, environment and health and safety, however these were inconsistently carried out. There was no central recording process for logging incidents or accidents for people who used the service, only staff. This meant that audits could not be carried out to assess whether there were any trends or common themes. Where audits had taken place we saw that action had been taken to improve service delivery. For example an audit of equipment had identified the need for new equipment which had been purchased. Medication management systems were audited every month and we saw that additional processes had been put in place to reduce the risk of people not receiving their medicine at the time prescribed.

There were gaps in some of the documentation relating to the environment, for example, no cleaning schedules had any guidance about what was to be cleaned, when and to a required standard. We had concerns about the cleanliness of Collyhurst, particularly in relation to the worn and stained lounge furniture and carpets and spoke to the registered manager about the quality of the records kept about cleaning.

The provider had conducted a survey for people over a year ago and was planning to carry out another. However, although the survey had been carried out, common themes and feedback from people had not been analysed or an action plan drawn up to improve service delivery. The registered manager said that people were asked about their preferences for activities and food during sessions run by the activity coordinator. However, minutes of these discussions were not kept so it was not possible to verify this information. Whilst staff told us that people made comments about the food provided which were listened to and acted on, there was no formal record of these discussions or changes made as a result of the comments. The registered manager and their deputy said they were available to people and their relatives on an ongoing basis to hear feedback and to deal with any concerns on an informal basis.

Without exception, staff spoke highly about the support they received from the registered manager and their deputy. One staff member said, "This home is like one happy family. Staff are also treated as family members, nothing is too much trouble for our manager, and we are very well looked after." Another staff member said, "Our managers are excellent, I have absolutely nothing other than praise for the way they dedicate their lives to ensuring this care home is the best and our 'residents' are cared for well, at all times." Another staff member said they were encouraged to make suggestions for improving service delivery however there was not a regular staff meeting to enable discussions of this nature within the staff team. The registered manager however was unable to show us a record of these meetings. Staff said that handovers

were the main place where staff communicated with one another however regular staff meetings did not take place. Although staff said they were encouraged to speak about their work and the needs of people, there were no formal records to show that this was the case.

Throughout our visit the registered manager and deputy demonstrated a very open and accountable leadership style, for example in the way they responded to the concerns we raised with them. The registered manager and their deputy were clearly well known to people and their relatives. One person told us, "The manager is very approachable and is available every day, even at weekends if we need to raise any matter." One relative said, "I cannot speak highly enough about the dedication and responsiveness of the manager."

We saw that staff worked well together and all staff commented on the, "excellent staff morale." One staff member said, "The atmosphere here is lovely, 'residents' are our priority and we work well as a team with superb managerial support." Staff demonstrated a clear understanding of their roles and responsibilities within the team and they all knew who to contact for advice.